

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 JUN 27 PM 12:12 FEC OFFICE USE ONLY

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Kirk Jorgensen for Congress

ADDRESS (number and street) 14677 Via Bettona, Suite 110-335

(Check if address is changed)

San Diego

CA

92127

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

michelle@campaignaccountant.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

kirkjorgensenforcongress.com

(Check if address is changed)

2. DATE

06 / 18 / 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michelle D Moons

Signature of Treasurer

[Handwritten Signature]

Date

06 / 18 / 2013

NOTE: Submission of false, erroneous, or incomplete information may result in a civil penalty of up to \$10,000 per violation.

Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION MUST BE REPORTED WITHIN 10 DAYS.

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Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

516 CODE

13031081176

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Kirk Jorgensen

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  CA District  52

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

13031081177

Write or Type Committee Name

Kirk Jorgensen for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Michelle D Moons

Mailing Address 1800 Thibodo Rd #300

[Empty grid lines for address]

Vista CA 92081

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 206 - 779 - 1004

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Michelle D Moons

Mailing Address 1800 Thibodo Rd #300

[Empty grid lines for address]

Vista CA 92081

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 206 - 779 - 1004

13031081178

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank [Grid]

Mailing Address

5857 Owens Ave [Grid]

[Grid for Mailing Address Line 2]

Carlsbad [Grid] CA [Grid] 92008 [Grid] - 0910 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

13031081179

Federal Election Commission  
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER

6/27/13  
 DATE PREPARED

0811801501